DOCUMENT RESUME

ED 117 627 CG 010 333

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TITLE Reality Orientation: A Milieu Therapy Used in an Institution for the Aged.
PUB DATE Oct 75
NOTE 17p.; Paper presented at the Annual Meeting of the Gerontological Society (28th, Louuisville, Kentucky, October 26-30, 1975)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage
DESCRIPTORS *Behavior Change; Geriatrics; *Institutionalized (Persons); *Milieu Therapy; Nursing Homes; *Older Adults; Personal Care Homes; Research Projects; Speeches; *Subprofessionals; Therapy
IDENTIFIERS *Reality Orientation

ABSTRACT

This study reports an experimentally designed evaluation of Reality Orientation. Twelve elderly residents were chosen for the experimental group and 13 residents were chosen for the no-treatment control group. Both classroom Reality Orientation and 24-hour Reality Orientation were introduced on the experimental floor. A pretest-posttest control group design was used with two instruments serving as the dependent measures: a 25 item structured interview measuring the amount of basic information the resident had concerning orientation to environment and a 30-item rating form completed by staff familar with the resident's daily functioning. T-test comparisons of means for dependent samples indicated a significant increase in orientation to environment on the structured interview and a nonsignificant increase in orientation on the rating form for the experimental group from pre-to posttest. The control group showed a nonsignificant decrease in orientation on both instruments. Comparison of means indicated a significant posttest difference on the structured interview and a nonsignificant difference on the rating form between the experimental and control group. Reality Orientation led to greater orientation and noticeable behavior change in residents and gave the largely subprofessional staff of this nursing home a productive method for interacting with residents. (Author)

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Reality Orientation: A Milieu Therapy Used in an Institution for the Aged

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28th Annual Meeting of the Gerontological Society, October 26-30, 1975

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Reality Orientation: A Milieu Therapy Used in an Institution for the Aged

Nearly 1,000,000 or 5% of the elderly in the United States reside in old age homes (Kramer, Taube, and Redick, 1973). For many residents the shift from community to institution is accomplished smoothly. These residents enjoy the peer interaction and medical and custodial care that is provided in the institution. They are involved in their environment and function well within it. Other residents, however, do not adjust well to their new environment. The radical alteration in lifestyle often coupled with decreasing physical functioning brings about socially withdrawn behavior for these residents.

Within the past few years, Gerontological Psychologists have become convinced that the institutional environment directly affects the social withdrawal that is exhibited by many residents. A set of therapeutic interventions called "milieu therapies" have been developed in an effort to create healthier institutional environments. This approach attempts to make the institutional atmosphere more therapeutic by changing the patterns of interactions between residents, staff, and visitors.

Gottesman, Quarterman, and Cohen (1973) have suggested that problem behavior exhibited by the elderly may, in part, be caused by the societal demands of the institutional environment. These demands placed on the resident, principally by the staff of the institution, lead the resident to a position where there is little or no insistence placed on him/her

to perform many normal behaviors. Through lack of use the behaviors eventually extinguish and if the extinguished behavior is one that is important to the individual's social functioning, the result may be labeled confused or disoriented behavior. These behaviors defined as confused or disoriented are, in fact, adaptive to the contingencies operative in the non-stimulating institutional environment.

The goal of this study was to evaluate the effects of Reality Orientation, a residential treatment technique, on a population of elderly people residing in an institution for the aged. This therapeutic approach attempted to help residents who exhibit behaviors (confused or disoriented) in respect to spatio-temporal aspects of their lives. Barnes (1974) described confusion as manifested behaviors which appear illogical to the nursing staff and disorientation as behaviors which do not associate the patient with his present state of being.

Prior research on the effects of Reality Orientation is limited. Stephens (1969) reported on a four year study of Reality Orientation treatment. In her study of 227 patients who had entered Reality Orientation classes, 50 had graduated from the class (criterion level for graduation was being oriented when evaluated by the instructor). Forty-seven persons out of 227 had been discharged or were on a trail visit with family members. She also provided clinical case studies in support of the program.

Barnes (1974) attempted to measure the effect of classroom Reality Orientation. Working with six patients, he administered a questionnaire which he construed to be a measure of learning that occurred in the

Reality Orientation classroom. The results of the experiment indicated that there was no significant difference on a pre-post measure of success for the program and concluded that the evaluative time period (six weeks) was too short.

Although the indications from prior research with Reality Orientation would suggest that it is a viable program for use with the elderly, there has been no reported experimental evaluation of the program (Gottesman et al., 1973). The research undertaken for this study was the first experimentally designed evaluation of Reality Orientation.

Method

Sample

The sample was drawn from a population of residents who resided in a realtively large geriatric institution in Lincoln, Nebraska. The institution provided three levels of nursing care for its residents. The maximum care floors provided continuous nursing supervision as well as an alarm system on the doors to prevent a resident from leaving the floor by himself. The residents needed the maximum care for two reasons. The first was their physical disabilities which included incontinence, blindness, and paralysis of limbs. The residents were unable to care for themselves and needed the full time assistance of the nurses and floor aides. The second reason involved the confused and disoriented behavior patterns exhibited by the residents. Not all residents exhibited these behaviors and an attempt was made to differentiate residents for the program on the basis of degree of disorientation (moderately disoriented chosen for the program) and physical disabilities (non-ambulatory, deaf,

and blind residents were excluded from the program). Twelve people with a mean age of 84 were chosen for the experimental group and 13 people with a mean age of 83 were chosen for the control group.

Implementation of the Program

The implementation of the Reality Orientation program on the experimental floor was accomplished by the efforts of the institution's psychiatric nurse. She provided the entire staff with a two hour in service workshop concerning the rationale and principles behind Reality Orientation.

The Reality Orientation program attempted to structure all staff and resident interaction around orienting the resident to his immediate environment. The workshop instructor specifically focused on the "24 hour" or informal aspect of Reality Orientation. This part of the program centered around the staff members on the floor and their interactions with the residents. Staff members attempted to continually remind the residents about information that was basic to the residents' existence in the environment. This included such things as the residents name, the name of the institution, the day and date of the week, and the weather. Folsom (1966) pointed out that staff members should not go out of their way to orient a resident, but should use their daily contact with residents to implement Reality Orientation techniques. Following the workshop, the psychiatric nurse provided floor staff with suggestions as to how individual residents could best receive Reality Orientation.

To supplement the "24 hour" Reality Orientation, a classroom treatment was also established. The classroom or formal aspect of

Reality Orientation was supervised on the experimental floor by the psychiatric nurse. These sessions lasted from twenty to thirty minutes with four or five residents in attendance. The class was taught by one of the floor aides. Using a variety of visual aids, the instructor presented personal and environmental information to each resident. The goal of these sessions was to establish a group environment where basic information such as name, day, date, and weather could be learned. Mastery of this basic data led to personalized instructional plans for each resident, developed cooperatively by the instructor and the psychiatric nurse.

The staff on the control floor received "24 hour" Reality Orientation training, but were told not to use the techniques with the residents. They were informed of the nature of the research that was being conducted and agreed not to use the procedures with the residents. There was no classroom Reality Orientation environment established on the control floor.

Instruments and Data Gathering Procedures

There were two instruments used for evaluation in this study, the Reality Orientation Information Sheet (Note 1) and the Geriatric Rating Scale (Plutchik, Conte, Lieberman, Barkur, Grossman, and Lehman, 1970). Two data gathering sessions took place the week before the Reality Orientation program was introduced into the institutional environment. The second evaluative session took place during the seventh week of the program.

The Reality Orientation Information Sheet was administered to the subjects by the institution's social worker, psychiatric nurse, and a

researcher involved with the experiment. All the interviewers received identical instruction sheets for the administration of the test. The subjects for the experimental and control floors were distributed randomly among the three interviewers. Each interviewer questioned the resident individually and in a secluded section of the floor. The entire interview took between 15 and 30 minutes to complete.

On the experimental floor, the Geriatric Rating Scales were completed by one of the floor aides. On the control floor, the charge nurse completed the Geriatric Rating Scales. Both raters had worked on their respective floors for well over a year and knew the residents well. The evaluators received identical scoring instructions.

The Reality Orientation Information Sheet (Note 1) is a twenty five item scale used to measure the amount of basic information the resident was aware of at the beginning and at the end of the evaluative period. A high score indicated that the resident was well oriented to the environment. The Reality Orientation Information Sheet is divided into two sections. The first part has 20 questions asked directly of the resident that attempted to determine how oriented the resident is to the environment. Questions include "What is your name?" and "What is the weather like today?". The second part of the scale is composed of five questions that the floor aide answers regarding a resident. These questions get at the residents ability to perform basic bodily functions.

Prior to this study, there were no published reliability or validity data on the Reality Orientation Information Sheet. Two interviewers, who were part of the rating team, gave the questionnaire to the same ten

residents within a one day time span. The Reality Orientation Information Sheet was administered in the morning by one interviewer and in the afternoon by the other interviewer. A Pearson product moment coefficient of +.98 was obtained between the two interviewers ratings.

The Geriatric Rating Scale (Plutchik et al., 1970) is a thirty item test used to evaluate the level of behavioral functioning in the institutionalized resident. This scale can be considered a behavioral checklist for the elderly. The Geriatric Rating Scale yields a score between 0 and 60, with a high score indicating severe behavioral disorder. Plutchik et al. (1970) reported an inter-rater reliability of +.87.

Statistical Treatment of the Data

Four t-tests were conducted to analyze the data. T-test comparison of means for dependent samples tested the significance of differences between pre and post-test scores for the experimental and control group. T-test statistic for comparison of means for independent samples tested the significance of differences between the experimental and control groups both pre and post treatment. These tests were run for both dependent variables (total scores on the Reality Orientation Information Sheet and Geriatric Rating Scale). Two tailed t-tests were used to determine significance.

Results

Table I reports the means, standard deviations and t-test comparisons for the Reality Orientation Information Sheet (ROIS). There were no significant between group differences prior to implementation of the

Reality Orientation program. The control group showed a nonsignificant decrease in Reality Orientation as measured by the ROIS. The experimental group had a significant increase in Reality Orientation as measured by the ROIS and there was a significant post treatment difference between the experimental and control groups on the ROIS.

Insert Table 1 about here

Table 2 reports the means, standard deviations and t-test comparisons for the Geriatric Rating Scale. There were neither significant differences pre or post treatment between the experimental and control groups nor between pre or post treatment scores for either the experimental or control group. However, nonsignificant changes did occur in the expected direction with the experimental group scores indicating more functional behavior and with the control group scores, in fact, indicative of more dysfunctional behavior.

Insert Table 2 about here

Discussion

The statistical results indicated that the Reality Orientation program had a positive impact on the residents. The Reality Orientation Information Sheet (Note 1) results indicated that a significant change toward Reality Orientation occurred between testing sessions for the experimental group and that a significant posttest difference on the Reality Orientation Information Sheet occurred between the experimental

and control groups. The results on the Geriatric Rating Scale (Plutchik, et al., 1970), while not being statistically significant, generally indicate improved behavioral functioning on the part of the experimental group.

The only results that were statistically significant were obtained on the Reality Orientation Information Sheet, an instrument designed for use with Reality Orientation by the people who developed and nurtured Reality Orientation as a treatment modality. Many of the questions asked on the Reality Orientation Information Sheet are identical to the questions posed to the residents in their Reality Orientation "classroom" and their "24 hour" environment. This does not invalidate the results, which were in the hypothesized direction, but does raise the question as to whether the resident responses indicated an orientation to reality with accompanying behavior change or merely conditioned rote learning.

Reality Orientation draws its philosophical rationale from the activity theory of aging (Havighurst, Neugarten and Tobin, 1968) which says that the older person who ages optimally is the person who stays active and involved with his life. A more active involvement for the resident in the program would seem appropriate and necessary for residents at all levels of orientation. Suggestions for increasing involvement include sensory experiences, such as allowing a resident to feel the sun's warmth or to smell a flower's fragrance. Encouraging a resident to move and exercise body parts, even ambulatory residents, would also increase the resident's activity and involvement level.

Reality Orientation as a treatment technique is representative of milieu therapies. As a group these therapeutic approaches can be characterized as ways of reorganizing the social structure of the institutional environment so that residents are encouraged and allowed to behave in a more oriented fashion. The key to the successful implementation of a milieu therapy is in training staff members to be more aware of individual resident behavior and to use their own behavior patterns to reinforce desired behavior on the part of the resident.

Gottesman et al., (1973) reported that most milieu therapy techniques were successful in altering the behavior patterns of resident. Perhaps the content of these programs is not as important as the social contact that is provided between residents and the staff member using the technique. It is possibly not too important what one does with a regressed and disoriented geriatric resident so long as some kind of human stimulation is provided for the resident. Perhaps the usefulness of Reality Orientation derives from its independence on daily structured contacts between residents and staff. These contacts can be incorporated within normal staff responsibilities.

By implementing Reality Orientation, it is neither necessary to establish special programs nor is the staff subjected to lengthy and confusing training programs. The staff is instructed to focus their attention on the daily contacts with the resident and to make the best use of this already structured time. Reality Orientation is an effective milieu therapy and is recommended for solving institutional problems of resident inactivity, disorientation, and confusion.

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Table 1

Means, Standard Deviations and T-Test Comparisons on the

Reality Orientation Information Sheet

	Pretest		Posttest	
	$\bar{X}$	SD	$\bar{X}$	SD
Experimental	8.63	5.12	15.63	7.37
Control	7.77	6.64	6.88	7.43

t^a= 0.3265, Df=18, N.S.

t^b= 2.6303, Df=18, $p < 0.02$

t^c= 3.848, Df=10, $p < 0.01$

t^d= 1.151, Df=8, N.S.

a = experimental and control pretest comparison.

b = experimental and control posttest comparison.

c = experimental pre and posttest comparison.

d = control pre and posttest comparison.

Table 2

Means, Standard Deviations and T-Test Comparisons

on the Geriatric Rating Scale

	Pretest		Posttest	
	$\bar{X}$	SD	$\bar{X}$	SD
Experimental	33.81	6.44	31.88	8.34
Control	38.22	9.52	40.77	11.22

t^a= 1.230, Df=18, N.S.

t^b= 2.048, Df-18, N.S.

t^c= 1.009, Df=10, N.S.

t^d= 1.964, Df=10, N.S.

a = experimental and control pretest comparison.

b = experimental and control posttest comparison.

c = experimental pre and posttest comparison.

d = control pre and posttest comparison.